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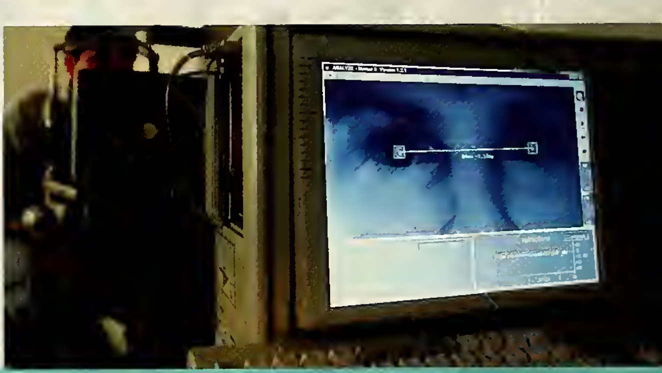

Cover Photo

Left to right:
Stephanie Su '05, OD
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The New England College of

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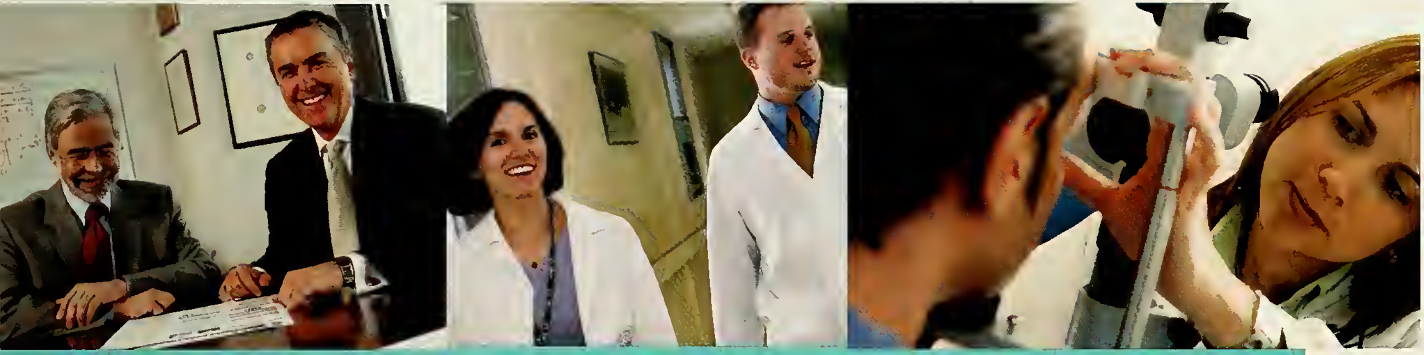
ALUMNI MAGAZINE



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How is the New England College of Optometry responding to the changing needs of the profession? David Heath '83, OD, EdM, dean of academic affairs, and Barry Barresi '77, OD, PhD, president of the New England Eye Institute, discuss diversity, career options, and public health.

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An area of increasing need for optometrists is in the area of rural health care. We visit some students and alumni working at a Veterans Administration Center in Vermont who talk about the benefits and challenges of practicing in a country setting.

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Some 35 to 40 percent of recent NECO graduates are putting their job search on hold and investing a year in residency programs. Students and faculty discuss the benefits of working in community health centers, private practices, and VA settings.

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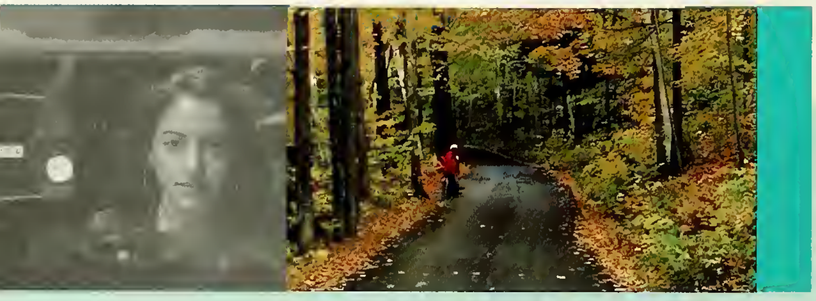

When many of the 88 new graduates of the New England College of Optometry enter the job market this summer, they will be exceedingly well prepared to practice in a field that is undergoing rapid changes.

In this issue of Optometry, we take a close look at how our profession is changing, how our students are preparing to succeed in a new world, and how our faculty and alumni are leading the way in the classroom and out in the field.

Two of the visionaries in preparing for the future are **David Heath** '83, OD, EdM, vice president and dean of academic affairs, and **Barry Barresi** '77, OD, PhD, vice president of clinical care and services and president of the New England Eye Institute. In a wide ranging interview (Page 4), they discuss how NECO is different today, where we are going, and why.

Not all of our graduates are entering the job market. Nearly 40 percent of our students participate in post-graduate training, nearly double the national average. We take a close look at what some of these newly minted ODs are doing and why (Page 18).

An area of increasing need for optometrists – both new as well as for veterans – is in the area of rural care. **Dorothy Hitchmoth** '96, OD, and some of her colleagues at a Veterans Administration Center in beautiful Vermont talk about the benefits and challenges of practicing in a country setting (Page 10).

Low vision care and public health is the specialty of **Susan Primo** '85, OD, who is now the Director of Vision and Optical Services at Emory University's School of Medicine in Atlanta. The story of her life and work is a fascinating one (Page 14).

There is lots more inside our latest issue. We hope you enjoy it. Have a wonderful summer.

Barry Wanger
Editor
WangerCom@aol.com

EACH ONE REACH ONE (EORO)

Optometrists:
Join the ASCO Career Promotion Corps!

The Association of Schools and Colleges of Optometry's (ASCO) "Each One, Reach One" campaign is a practitioner-based career promotion effort that encourages O.D.s to talk to their patients and other gifted young people about optometry as a future career.

The goal of the " Each One, Reach One" program is to increase optometry's national applicant pool to three applicants for each first year position and to develop an applicant pool that reflects the diversity of the U.S. population. According to a ten-year study on incoming students at all schools and colleges of optometry, the majority of students indicated that their decision to choose optometry as a career was due to the encouragement of individual optometrists. You are optometry's best advocates – your enthusiasm and commitment to the profession will encourage students to choose optometry as a career.

An important note: this program is not about increasing the number of graduates from the nation's optometry schools. It's about making sure that those who are selected continue to reflect the profession's ability to attract bright and caring young people.

JOIN NOW!

It's easy to become a member of the "Each One Reach One" Career Corps and promote your profession to the optometrists of tomorrow.

Just go to the ASCO website:
www.opted.org
and click on
Career Corps
or contact
Victoria Smith-Moore
at ASCO :
vsmithmoore@opted.org

Congratulations to the Scholarship Recipients of 2005-2006!

Alumni Scholarship
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Q&A

with David Heath and Barry Barresi

David Heath '83, OD

Barry Barresi '77, OD

How is the New England College of Optometry responding to the changing needs of the profession? In a wide ranging interview covering such areas as diversity, career options, and public health, the College's academic and clinical heads – David Heath, '83 OD, EdM, vice president and dean of academic affairs, and Barry Barresi, '77, OD, PhD, vice president of clinical care and services and president of the New England Eye Institute, talk with editor Barry Wanger about some of today's most critical issues.

Q: Why don't we start off by talking about what you see as some of the more dominant trends in optometry as we look to the future.

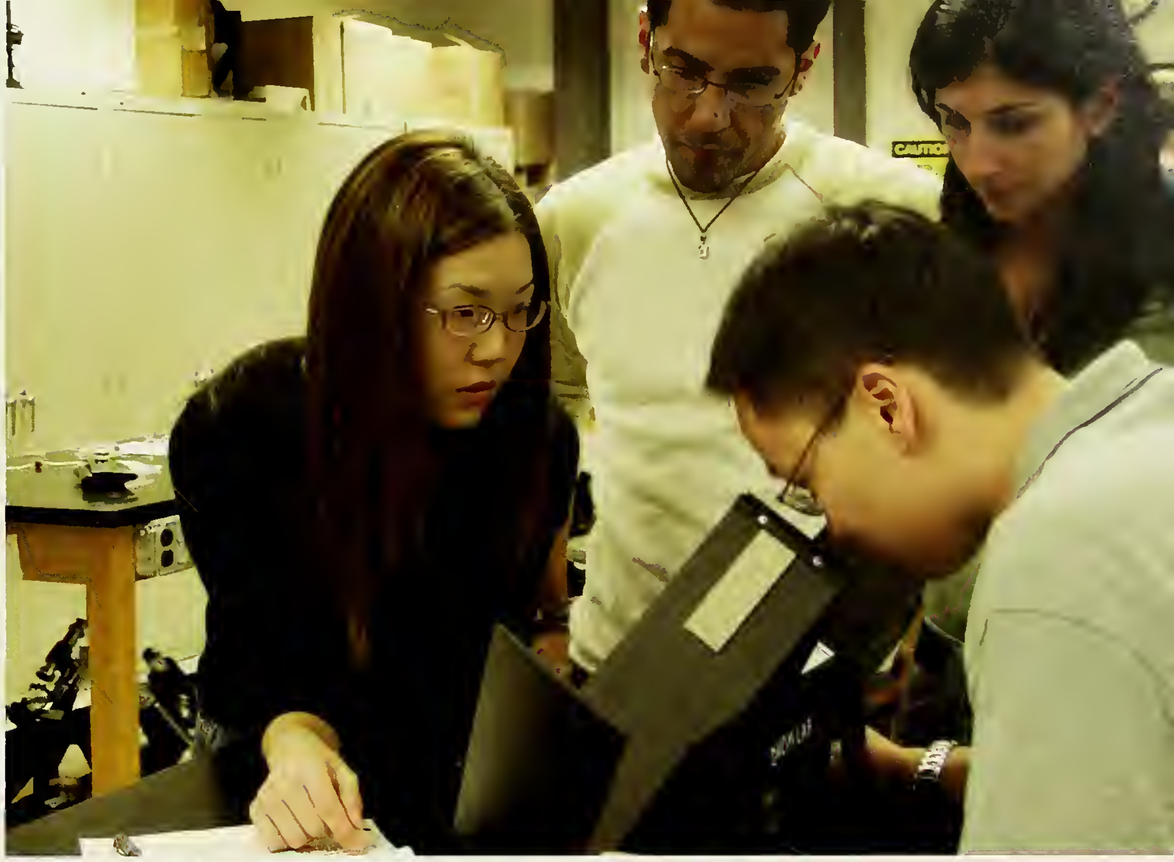
Barresi: The dominant trend is a change in where people practice, the settings in which they practice, whom they tend to practice with and who are their partners in practice. Traditionally, optometrists as was the case with physicians, practiced in settings in which there were just one or two practitioners.

Today, optometrists oftentimes practice in group settings with other optometrists, or in interdisciplinary settings with other kinds of health providers.

Heath: I would agree. But I think it's also a reflection of the change in the demographic of the applicant pool. We have a lot of first generation children of immigrants from all over the world, and a much higher percentage of women who may be looking at their career paths a bit differently than in the past as they try to balance family and profession.

There is a lot more emphasis upon employment opportunity as opposed to a self-starter, private practice arrangement. There may be people interested in associateships that may evolve into partial ownership. But they're certainly not looking on taking the lead, particularly in today's environment.

Barresi: There is also an interest in mobility. When you build your own business, you become rooted in that community. You're not likely to move.



"We want to make sure (our students) are comfortable working with **infants, young children, the disabled the homeless, the elderly, the frail elderly, and the visually impaired."**

Barry Barresi '77, OD

Diversity In Patient Types, Patient Settings And Care Environments

Between us, my father and I practiced in the same community for 45 years. The expectation of today's graduates, however, is that they may reside in a couple of different communities in the course of their careers. They may practice in an urban area initially and move to a rural area when they're raising a family. Or they may have a spouse who has a career that requires that they move around the country.

This, by the way, is not different from what you see in medicine. I think if you were to look at the expectations of medical students these days, it would be pretty similar to optometry students. They have very similar career goals and career interests, including the need for mobility.

Barresi: An important related issue is the impact of indebtedness. If you know you owe $150,000 – and that's not for a house, that's just for paying for your education – you tend to focus on opportunities that will maximize your salary, as opposed to opportunities in which you may be buying in to a sweat equity mechanism through the ownership of a practice

Q: What are we doing to prepare students for the change in environment?

Barresi: On the clinical side, we're trying to do two things. One, have the students work in environments that allow them to work with many different kinds of care models; ones in which they are working in small groups, as well as other settings where they're working with a large interdisciplinary teams. The practice mode variety is very important in the clinical system.

The second thing we're doing is to see to it that our students work with different kinds of patient populations. We want to make sure they're comfortable working with infants, young children, the disabled, the homeless, the elderly, the frail elderly, and the visually impaired. They've had a sampling, if you will. It's like a smorgasbord – a full array of diversity in patient types, patient settings and care environments. At the same time, we are giving them some tools to determine which settings they like, which patients they like to care for. By the time they exit the program, and hopefully before, they've developed a sense of where they want to go.

To give you an example career-wise, there's actually a course in the first year that asks the students to select a community and start analyzing its healthcare needs; the environment, and the business situation. Later on in a course in their third year, they're asked to go back to that community and really think through how they would build a collaboration strategy with other providers.

"Today, optometrists often times practice in group settings with other optometrists, or in interdisciplinary settings **with other kinds of health providers.**"

Barry Barresi '77, OD

Exposure To Different Populations

Heath: As most people familiar with the college are aware, we implemented a complete curriculum revision about four to five years ago. We gave it the catchy name of "Curriculum 2010" which is no longer as futuristic as it appeared at the time we started.

We tried to be very proactive in looking at the trends that were affecting the profession, and how the practice of optometry was going to change. An example, and perhaps one of the more controversial in optometry, was whether or not there were identifiable and certifiable subspecialties within the profession. We made the assumption that they were different.

So what Barry is speaking about in terms of trying to provide students with exposure to different populations gives them the ability to test the pool to determine whether they want to begin to specialize in terms of their interests and their practice patterns.

Interestingly, one of the better outcome measures, one of the things that I like among our students and graduates, is the number who are pursuing residency programs.

Anywhere from a third to 40 percent of our students are applying, and the vast majority are being admitted into post-graduate residency programs, many with a specialty emphasis.

Q: When you look at the applicant pool today, how is it different from 20 years ago?

Heath: The applicant pool goes up and down. We happen to be moving in the right direction at this point. We had about 700 applications last year for 110 entering slots.

The gender balance is swinging to women. This year's incoming class had 75 percent women and 25 percent men. We probably have close to a 40 percent Asian population; in a broad sense of the term, Japanese, Korean, Chinese, and Southeast Asian.

However, progress in attracting traditionally underrepresented minorities has been very, very difficult. I think optometry has tried but has not been terribly successful at bringing in Hispanic or African-American applicants.

Barresi: This is a concern from a delivery standpoint. If you talk about trends in the field right now, we have an emerging healthcare crisis in the United States where there is a huge, huge gap in the health status between Caucasian-Americans and Asian-Americans and Hispanic- and African-Americans.

Take a condition like glaucoma. There is a six-fold difference in the likelihood of blindness from glaucoma between African-American populations and all others. With diabetes, there is a four-fold higher likelihood of visual loss in an individual who is Hispanic with diabetes as opposed to a Caucasian- or Asian-American with diabetes.

And as a consequence, we have to respond to that. We have to deliver more services. Well, it would be nice, it would be advantageous if we had more students who were of those cultures, if they had the language, the family connections, and the comfort level.

Promoting Programs That Increase Access To Ey

So, what we have to do in the absence of having those students enrolled in the program is to engage them in cultural competency training both didactically and clinically so that our students are motivated to go and reach out to those populations, and they're comfortable and competent in caring for a Spanish-speaking community or an African-American community.

And this is, again, a challenge all health professions have. It really is of crisis proportions. When you have such a disproportionate burden of illness falling on a subset of population, it has social consequences across the system. So if you look at the costs of healthcare, we end up spending in this country disproportionately so much more money to care for the chronic diseases in communities that are underserved.

So how do we turn that around? Well, we're doing our best in the short-term by introducing cultural competency training. In the long-term, I think, all of us in optometry would love to see us attract those individuals. But they have to come into the undergraduate programs first.

And frankly, there's really not much in the way of public monies going into this area. There used to be much more in prior eras where the Federal government invested dollars promoting minorities, underrepresented minorities in healthcare. There are still some investments. But proportionately, as the healthcare status of these minorities has declined, there has actually been a retreat from public, state and federal funding of initiatives that would bring more of these students into these careers.

Heath: What is interesting, and one thing I would note, is that ASCO, the Association of Schools and Colleges of Optometry, has combined with industry to offer some small grants for cultural competency training. We've been fortunate to receive a couple of those so that we could begin to at least develop the sensitivity and the skills among our faculty. But it's a small drop in the bucket compared to what may be needed.

I think the optometric industry is extremely interested in promoting programs that increase access to eye care for underserved populations. That includes many of the populations we're talking about. We're talking about inner city schools. But we're also talking about rural America where there are traditionally not enough providers.

One of the things that we've done quite well as an institution is in training our students through the neighborhood health centers. We have tried to develop a graduate who is highly sensitive to neighborhoods within urban settings and community health center philosophies.

Lately, we have begun to increase our initiatives in promoting access to clinical education in rural health center type settings so that, perhaps, we have students who are more interested in rural America, and are aware of the unique challenges of providing care in that setting.

We've also initiated a private practice leadership initiative to reach out to those students who know from the start that they have a strong interest in a private practice type setting. So, ultimately, if we're successful as an institution, we

> "One of the things that we've done quite well as an institution is in **training our students through the neighborhood health centers**"
>
> David Heath '83, OD

are For Underserved Populations

should be able to follow our graduates, and see that they're serving the public in a multitude of settings, and with a range of needs.

Barresi: It's worth talking, too, about health centers a little bit more. There was an article published two and a half years ago in the Journal of the AOA that chronicled the unique leadership role of the New England College of Optometry and the New England Eye Institute have played in the delivery of eye services in community health centers.

While there has been a retreat from public investment in a lot of aspects of healthcare, there has been a substantial increase in investment by the Federal government to expand access for health services in community health centers. These are distinctly defined kinds of practices. These are within multidisciplinary facilities. The centers are located in underserved areas and are required to go through a Federal qualification process. So, by design, this is the part of the healthcare system that is reaching out to the neediest of our fellow Americans, and providing them comprehensive eye services.

The New England College of Optometry is the nation's leader, without question, in preparing students for this career path. There is no other school of optometry that has as extensive an engagement in community health and community health clinical experience as we do.

Community health happens to be one of the real growth opportunities for the profession. There are approximately 3,000 community health centers in the nation. Fewer than 17 percent of those facilities have eye services. There is an emerging consensus within the field that we need to have a delivery system whereby 65 percent of the health centers have eye services. That means there's a need to add more than one thousand optometrists in community health centers over the next 10 years.

When we look at the College's mission, it's not simply to crank out students. It's literally to change the delivery system. And the good fortune for our students is, when we're out there helping change the delivery system, they're going to be right at the head of the parade in being well prepared to take advantage of these new opportunities.

Heath: One of the things that would be an eye opener for alumni is if they ever had the opportunity to sit in on the presentation that our faculty make to applicants of the college who are coming in for their interviews.

The entire theme of the presentation is what makes us distinct. While we've talked quite a bit about the clinical education and our public health orientation, we also emphasize the strength derived from our global perspective, our international programs, and our research efforts. These are some of the things that we do quite differently from our sister institutions and which attract students to the College.

Our goal is to have impact, whether it's through eye care and healthcare delivery systems, or whether it's through the generation of new knowledge and research, or whether it's through partnering around the world.

Vermont rural health care

Richard Frick, OD

By Pat Gale

Morning commutes are a pleasure for Richard Frick, OD, FAAO. The half-hour drive traverses the longest covered bridge in the country, and passes three more of those quintessential New England trademarks. "It's a beautiful ride, even in the middle of winter," he said. There's no traffic, no congestion, just miles of field and forest, river and mountain.

And at the end of the ride waits a job that brings daily doses of appreciation. "It makes it wonderful to go to work every day, when you're thanked for the job you're doing. The veterans are very appreciative of the care they receive here."

"It's nice to be in an area where you can enjoy the environment and natural resources." Dorothy Hitchmoth '96, OD

For Dr. Frick, "here" is the White River Junction Veterans Administration Medical Center in Vermont. And the rural setting — far enough out to enjoy the New England environment, but close enough for an occasional foray into the city — was just what the doctor ordered when he began looking for a place to settle down. Having worked in two other VA facilities, in Columbus and Chillicothe, Ohio, he knew he wanted to remain in the VA system, and that a rural, rather than urban, setting was his goal.

It's a path he encourages other doctors to follow. "It's a beautiful area," he said, an area that lends itself to outdoor activities year-round.

That relaxed country lifestyle is a key attraction offered by a rural practice, Dorothy Hitchmoth '96, OD, FAAO, agreed. "It's nice to be in an area where you can enjoy the environment and natural resources."

But there's more to a rural practice than lots of trees, mountains and fresh air, the pair noted. There's also a sense of helping patients who tend to be under-served, largely due to the very rural nature of the area. "In rural areas, the clinics and hospitals are more spread out geographically," Dr. Hitchmoth said.

"We don't have enough doctors per capita in the rural areas. We don't have a doctor in every community, because, quite frankly, practices may not be supported by a small community, so that's a challenge." And the shortage holds true not just for eye care, but across the range of medical care.

"Every doctor I know has a backlog of patients – not just eye doctors but others as well, from dentists to general practitioners," Dr. Frick added.

Seeing the issue up close, people like Dr. Hitchmoth and Dr. Frick are doing their part to encourage others to venture along the road less traveled.

Sixteen fourth-year optometry students from NECO and Ohio State University rotate through the White River Junction VA Medical Center's clinic each year, and the center is now in its third year of offering a residency program. The pool of candidates for that residency, Dr. Frick admits, is significantly smaller than the pool vying for spots in more cosmopolitan settings. "We work hard to recruit residents," he says. "We do some selling in that respect. It's a one-year residency program, but we have to sell them on the idea of coming to a rural setting for a year, to come here and deal with the weather, the different access, the patient base, and the population we have here."

With Northern Counties Health Care, the Riverside Life Enrichment Center, and the White River Junction VA Medical Center, the New England College of Optometry has embarked on a Collaboration for the Delivery of Eye Care in Rural Vermont, a program that is offering a wider group of optometry students a glimpse into the benefits — and challenges — of a rural practice.

The goal of the project, Dr. Hitchmoth said, is three-fold: to provide eye care for underserved, high-risk populations; to add eye care services

Alan Cheong, OD

into an existing health care delivery system; and to expose students to health care delivery and lifestyle in a rural area as an option for future practice.

"Northern County Health Care really wanted to give patients who are receiving medical care through their facilities the additional service of eye care," said Elizabeth Hoppe, OD, DPH, associate dean for academic affairs at NECO.

"Their facility does not currently offer eye care services, and they have a lot of patients who would benefit from this, particularly diabetic patients or older patients who really need access to eye care. And we were looking for additional opportunities for our students, for more places for them to go. We wanted to give (our students) an idea of what it might be like to live and work in a rural area."

And the program was successful enough in its first year that Dr. Hoppe said plans are already in place to run it again, starting this coming August. It's only a two-week program, but it does give students a feel for the life of a doctor in a rural setting.

Through the collaboration, the students are exposed to home visits as well as rural clinic visits.

"Some students rotate through our clinic, and then in collaboration with another private practice further north, the doctors up there have brought students into some of the really rural areas so they could see what the lifestyle is like, and encounter patients who are truly in rural areas — people who have very little access to health care because of their geographic position, or because they're so poor they don't have transportation, or so sick they really couldn't get out," Dr. Hitchmoth said.

Clearly, the rural life is not for everyone, and many students — while appreciating the experience — are happy to return to city and suburban settings, where there are more people of their own age, and more social opportunities. "But," Dr. Frick noted, "they like the things the rest of us like, living in the more natural, untouched environment, away from the things people associate with city stresses. I live here for that reason. It's quiet. I love it."

Lifestyle aside, doctors in rural areas are likely to face different opportunities, and different challenges, in their daily practice. It's not unusual for patients in these settings — as in poor urban environments — to have more advanced problems due to lack of early diagnosis or care, the doctors noted. "When you're exposed to a poor population that has been underserved, it makes for a more challenging patient encounter," Dr. Frick said. "It makes

"...We wanted to give (our students) an idea of what it might be like to live and work in a rural area."

Vermont students Kierstyn Napier Dovorany '05, OD, Christopher Main, 4th year student at NECO, Oanh Bui, 4th year student at Illinois College of Optometry.

you improve your diagnostic and treatment skills as a doctor. They may have a condition that's deteriorated due to lack of care, because of limited access.

"And when you're in a city, a large metropolitan area where there are a lot of other doctors around, you're in closer contact with more specialists and probably tend to refer your patients sooner because specialists are nearby and more available. In a rural setting, sometimes it's a couple hours' drive to see a specialist, and patients may not be willing to make the drive — so you may have to follow the patient longer, because of the convenience and the location itself."

Despite the challenges — or perhaps because of them — rural practices can be especially rewarding, the doctors said. Both Dr. Hitchmoth and Dr. Frick work in private practices in addition to their work with the VA center, and have the opportunity to see patients who really appreciate their presence.

Their work has earned the two Vermont doctors acclaim this year. In April, they received the ALCON/NECO Award for Excellence in Clinical Teaching. The award, based on contributions to the program and student evaluations, was presented at the annual NECO preceptors conference.

"Both of them are really dedicated in terms of life commitment," Dr. Hoppe said. "They are so absolutely devoted to the patient and to the student. They've been cited as extremely patient, loving the teaching, going the extra mile." Moreover, they are both active professionally in terms of working for legislation, working in advocacy, and working with the state association. "They're really 'make a difference' kind of people," she said.

And both have said they are hopeful that their work with students will, indeed, make a difference in the future of rural optometry.

While admitting that she doesn't yet have an answer to the challenge of increasing the number of rural doctors, Dr. Hitchmoth is hopeful that programs like the new collaborative are one key.

"I guess education is part of it, which is why the project is good," she said. "It gives students a chance, exposes them in such a way that at least they may think about it, whereas before they may not have thought about it at all.

"My charge to the students," she said, "is to think about rural practice because there are a lot of benefits to practicing in an area where you're often providing primary eye care services, and may be the only eye provider in the community."

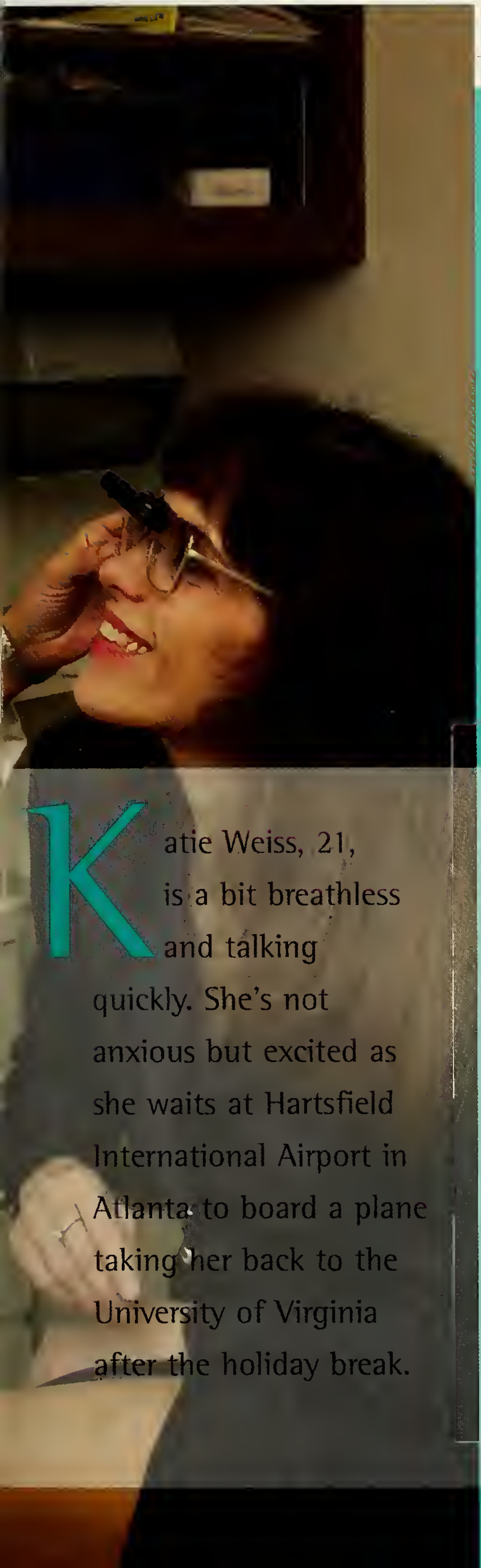
And those benefits are often intangible ones. "One of greatest things about my job is that the vets are so appreciative. And the students get to observe that when they come to practice at the VA. Every day, I get praise from the veterans about the students doing a good job, too. It makes you very happy to come to work."

Combining Two Passions: Low Vision

Susan Primo '85, OD

and Public Health

By Sherry Baker

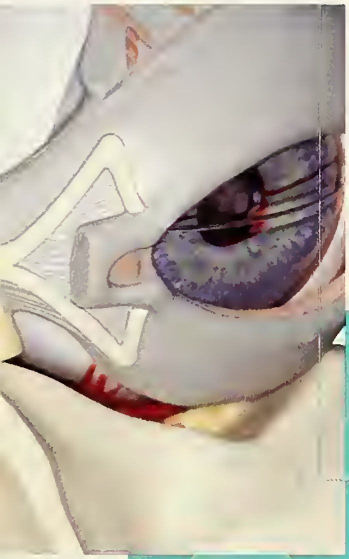


Katie Weiss, 21, is a bit breathless and talking quickly. She's not anxious but excited as she waits at Hartsfield International Airport in Atlanta to board a plane taking her back to the University of Virginia after the holiday break.

A few years ago, however, just the idea of attending college filled her with apprehension. Born with visual impairment, almost blind in her right eye and with limited vision in the other, she was worried about being able to read the small print in college textbooks. And how could she see well enough in lecture halls to make out information on boards?

A visit with Susan Primo '85, OD, MPH, FAAO, the doctor who has cared for her vision problems since Katie was 8, calmed her fears and gave her a variety of tools that enabled the young woman to not only succeed in school, but to enjoy her college experience.

"Dr. Primo has always treated me like I'm normal and not some mutant child," laughs Katie, a junior majoring in psychology and economics. "She helped me get over my nervousness about school and she worked with me to find what I needed. I have vision aids I use all the time now – my 'Traveller' magnifying device for reading and my bioptic telescope for lecture halls. So I don't have to get as many accommodations from professors all the time and I feel like a regular college student."



Dr. Primo, 47, was only a little younger than Katie is now when she first became interested in eye care. "I always knew I wanted to do something health-related and one day, when I was a teenager, I went with my father to his eye doctor. I became fascinated with the eye and wanted to learn all I could about vision," she says.

That fascination took her to NECO and eventually to the Emory Eye Center where she is an associate professor of Ophthalmology at the Emory University School of Medicine and Director of Vision and Optical Services succeeding her predecessor and former NECO schoolmate, Ned Witkin '83, OD, who passed away from pancreatic cancer in 2004.

Dr. Primo specializes in vision rehabilitation to assist visually-impaired patients through the evaluation and prescription of low vision devices. Her research interests include using strategic public health approaches to help those with visual impairment and loss (especially glaucoma) and to reduce racial disparities in vision healthcare. She credits several pivotal experiences while studying optometry that sparked her interest in these two areas – low vision care and public health – that she refers to as her "passions".

"I didn't know much about low vision and wanted to learn more so I chose an internship program at the VA Medical Center in West Haven, Connecticut, working with visually impaired patients at the Eastern Blind Rehabilitation Center. Dr. Robert Perlin was director of the program then and he became an important mentor and role model for me in this area, " she says.

The 10 to 12 week inpatient program for visually impaired vets involved both a thorough evaluation and extensive training of patients. "It was challenging and frustrating but incredibly rewarding. I saw patients who were so visually impaired they had difficulty doing things as simple as reading and paying their own bills. Others were hardly mobile. But, after the evaluations and training, they were able to become pretty much independent, "she says.

Dr. Primo recalls one man in the program, in his 60s, who had retinitis pigmentosa and 20/200 vision. "I realized through the examination that no one had taken the time to measure him for a pair glasses. With glasses his vision was 20/30 and the quality of his life improved amazingly. I still think of that patient to this day. It shows how much difference you can make in a person's life with appropriate vision care."

> "Too many Americans are underserved – or not served at all – when it comes to eye care."
>
> Susan Primo '85, OD

A NECO training program at a neighborhood community health center in Boston (Dorchester House) was also a turning point in Dr. Primo's professional life." I didn't know much about working with an underserved population until I got into this rotation. We provided eye care to people of all ages who would normally not have access to these services at all. I simply loved it and the experience helped shaped what I wanted to do in the future in the area of public health," she says.

Too many Americans are underserved – or not served at all – when it comes to eye care, Dr. Primo believes. "That's one of the reasons I pursued my public health degree at Rollins School of Public Health, graduating in 2002, "she says.

It wasn't an easy task, she admits. Married to pharmacist Roosevelt Davis and mom to a 7 year old girl and 4 year old boy, it took Dr. Primo six years working on her degree part-time while leading a busy personal life and seeing patients to complete her MPH.

"But it was very important to me because of my fond interest in public health. I hope to be in a position to help combat racial disparities in vision healthcare. For example, African-Americans have about a six times higher risk than Caucasians for developing glaucoma and the glaucoma ends up being more severe with vision loss. And I also want to address visual care and vision loss in general using public health approaches."

To that end, Dr. Primo is currently working on a collaboration with the Rollins School of Public Health at Emory. "Compliance is a big issue with patients once they are diagnosed with glaucoma, particularly those who are underserved," Dr. Primo explains. "We hope to have a federally-funded grant soon that will allow us to implement an innovative, tailored telephone intervention communication approach to help patients comply with glaucoma treatment."

Dr. Primo is also working with R. Doyle Stulting, MD, PhD, director of the Emory Cornea and External Disease Section, on a national clinical trial of implantable miniaturized telescopes to give legally blind patients enhanced vision for both distance and reading. Sponsored by VisionCare Inc., the trial involves about 200 patients across the US and holds particular promise for helping people with macular degeneration, according to Dr. Primo.

In fact, she says the future of low vision care and research is inextricably tied to advances in these and other high tech devices. "The devices that are being developed now are just incredible in terms of their ability to help our patients – from the implantable ones to the outside mounted visual aids that have helped patients like Katie succeed in college and at work."

Dr. Primo gives credit to NECO for preparing her for her multi-faceted eye care career. "I received a wonderful education in optometry there," she says. "I am a member of an amazing profession. We are poised to be at the forefront of vision care – taking care of primary vision healthcare in all sorts of settings from the community and commercial arenas to the academic and private sectors. It's definitely an exciting time to be in this field."

post graduate / residency program

By Pat Gale

Graduation day finally arrives, bringing all its promise of starting a new chapter in life, launching a career – and paying off the mountain of student loans.

But a growing number of students are, instead, adopting the familiar New England sports fan chant: Wait till next year.

They're putting those long-held dreams on hold for just a little longer in order to reap the benefits of a year's residency in their choice of settings, from family optometry practices to Veterans Administration hospitals.

For a year — starting a month after being handed their diplomas —– the grads not only see patients, but spend time precepting optometry students and continuing their own education through seminars, case presentations and other didactic programs. And at the end of the year, they've gained more than those extra months of learning and experience; they have also earned credentials that can open doors to expanded career opportunities.

"There's a lot of value in post-graduate training," said Douglas Hoffman '80, OD, FAAO, Director of Residencies at New England College of Optometry. "It provides you with more expertise and more job opportunities. It's a credential that is recognized when you're competing for a good job. Your patients get better care if you're more competent and have more advanced skills. And you're going to enjoy your career more if you have the ability to do more." Beyond that, he noted, the residency credential is essential for optometrists interested in serving on college faculties.

Given the benefits, it's not surprising that the extra effort is gaining appeal with every passing year. Nor is it surprising that NECO — where the faculty and administration strongly promote those benefits — is a leader among the nation's optometry schools in this regard. Nationally, Dr. Hoffman said, about 20 percent of optometry graduates participate in residency programs. At NECO, that number has hovered between 35 and 40 percent over the past several years. "We're usually in the top three schools nationwide," he noted.

This year, that translates to 35 residents working in community health centers, private practices and VA settings.

"Over half of the residencies are based in the Department of Veterans Affairs," Dr. Hoffman said, a partnership that has proven to be a win-win situation for both the VA system and the college. With a population of primarily middle-aged and older men, the veterans' settings lend themselves to certain types of practice, ranging from primary care to ocular disease and vision rehabilitation.

But the residency opportunities go far beyond the doors of the VA clinics and hospitals. Based on a standardized set of categories, residency programs across the nation are offered in nine specialized areas, including geriatric optometry, family practice optometry, cornea and contact lenses, pediatric optometry, vision rehabilitation for the elderly, and refractive and ocular surgery.

In those settings, the residents continue to learn, are supervised and mentored, and enjoy the benefit of having an experienced doctor nearby for a consultation or second opinion. "All the faculty at these sites are residency trained or have extensive experience," Dr. Hoffman said. "As the process

For **Bao-Kim Nguyen '05, OD**, completing a residency means deferring payment on student loans and living on a stipend instead of a salary.

"It's a big decision," she said of the year-long residency. "You make so much less. The money is a really hard thing, because with the school loans you take out, it can become quite burdensome."

But Bao Kim is looking past the immediate financial challenges, and focusing on the benefits of her year at Ophthalmic Consultants of Boston. "I felt that it couldn't hurt having an extra year of seeing patients and getting more experience," she said. "I'm interested in ocular disease, and this residency offered me an opportunity to see a lot in that one year, where maybe out in regular practice it might take me longer."

During her residency in ocular disease, Bao-Kim sees patients four days a week – one day working with a cataract/glaucoma specialist, and the other three with her preceptor optometrist. A benefit of the residency, she noted, is that her preceptor is available to help if she feels the need for assistance. "His goal is to get me to see as much as I can, to push me into independence, and still be there if I need someone," she said.

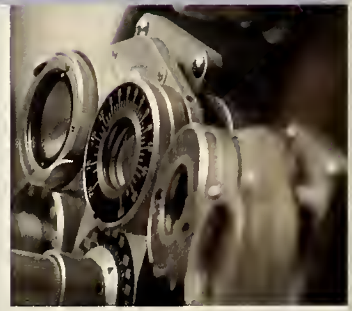
During her years at NECO, she found ocular disease to be interesting and challenging, but wanted to know more, and gain more experience, before heading out on her own. "The average age of patients I see is in the early 70s," she noted, "but we also see 20-somethings for routine contact exams. There's a wide range of people with many pathologies."

The final day of her week is spent on research and teaching a clinical lab at NECO – which has also given her a taste of a career she might want to pursue in the future.

Will the experience of this year pay off down road? "For me it will," she said confidently. "But I'm not expecting it to boost my career. I really wanted to make myself more comfortable with my abilities.

"I love what I'm doing," she said. "It's a really great learning experience."

...the grads not only see patients, but spend time precepting optometry students and continuing their own education through seminars, case presentations and other didactic programs.



Karen Carrasquillo '05, OD

goes along, in the second or third month, the residents will be licensed, and we tend to relax the supervision because they have demonstrated they can make independent decisions.

training

"We continue to observe them, to look at charts and do other things to measure how well they're doing, and gradually give them more independence and more autonomy. The preceptors and the person overseeing the program judge how they're doing and adjust the supervision accordingly."

Just a month before entering the program, the resident was a student, he noted. "This starts where that training left off. There's definitely a learning curve, not just clinically but in how to be independent and make decisions."

"The OD degree, given after four years of school, gives you the entry level set of skills needed to begin practicing optometry," he said. "As with other health care professionals, in a residency you acquire other sets of skills. It allows you to specialize in something, or with something like a family practice residency, you get into what you did in your training, but more intensively."

For Nicole Quinn '01, OD, that opportunity for specialization focused on pediatric optometry — a field that had held no interest for her just a few years earlier. "I didn't think I was going to like it, even into my third year of optometry school," she admitted. But when her fourth-year rotation proved to be heavily concentrated in pediatrics, her resistance began to soften. "It wasn't until I left it that I realized that pediatrics really made me excited, and was something I wanted to do every day."

After that revelation, entering a residency in pediatric optometry in 2001 became an obvious choice. "The experience I had in my fourth year of optometry school allowed me to find that pathway," she recalled.

That residency took her further down the path, to an assistant professorship in the Department of Specialty and Advanced Care at NECO. "I knew all along I wanted to go on and do a residency, because I thought it would be incredibly beneficial to see patients at a different level, in whatever area of expertise I chose... to gain the additional experience that you get working with people who are really experts in the area. And to see a very concentrated number of patients in that specialty, working closely with them, I thought was very appealing," she said.

Today, she serves as the Pediatric Optometry Residency Supervisor for NECO — and encourages students to consider going that extra mile, despite the allure of leaving school and heading out into the real world after graduation. "The benefit depends on what your goals are for your career," she said.

Nicole Quinn '01, OD, sees the benefits of her residency every day.

"If I hadn't done a residency, I would not have been considered as strongly for a faculty position," the assistant professor in the Department of Specialty and Advanced Care at NECO said

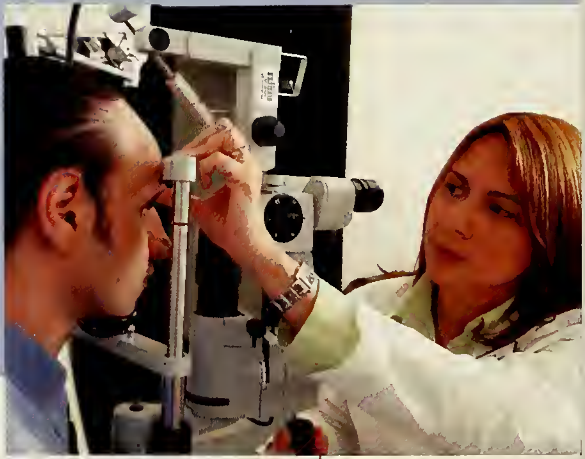
Dr. Quinn's residency in pediatric optometry, she said, was well worth the year's delay in launching her career. "I think it opens up doors to you for certain potential pathways in a career in optometry," she said. "And the networking – going to different clinics... when you go out to all sorts of satellite clinics, you build a great network."

In addition to her teaching responsibilities, her career includes working at Tufts New England Medical Center, where she works with patients primarily under the age of 18 —work that covers the gamut from pediatric contact lenses and vision therapy to eye disease. "I work closely with a pediatric ophthalmologist who works there," she said, noting that at the center, optometry residents and ophthalmology residents work in both clinics.

While not initially interested in pediatric optometry during her early years at NECO, her fourth-year rotation brought her into contact with that specialty — and put her on the path to her career. After graduation, she began her one-year residency in pediatric optometry. "I had a great experience, and stayed on afterwards as a faculty member," she recalled. "There's a lot of diversity in the program. Each of the residency programs is different, but some of things I thought great about pediatrics was the diversity of types of patients seen and of the faculty you worked with."

Just as the residency paved the way for her clinical work, it also paved the way for her teaching position. A residency is generally a prerequisite for a career in academia, she noted, one of many factors affecting her decision to pursue the residency after graduation. "I was interested in either a career working in academia or in a hospital," she said, and decided that the residency would have long-term benefits — benefits now she sees on a daily basis.

> "Your patients get better care if you're more competent and have more advanced skills. And you're going to enjoy your career more if you have the ability to do more."
>
> Douglas Hoffman '80, OD



"But to me, it's worth it to take the extra year to gain that amazing experience you can get in a residency program."

There is, of course, the other side of the coin — the side that appeals to the 60 to 65 percent of NECO graduates, and 80 percent of graduates nationwide, who pass up the residency opportunity.

"It's elective, not required," Dr. Hoffman said, "and a lot of people just want to go to work, to make some money, to pay off their loans — because the residency stipend is only about $29,000 to $35,000. Most people can make double that or more if they take jobs instead."

But it's important to look at the bigger picture, he said. "My position is that a residency opens a lot of doors and provides a lot of opportunity in your career later on, so a one year investment more than pays for itself later."

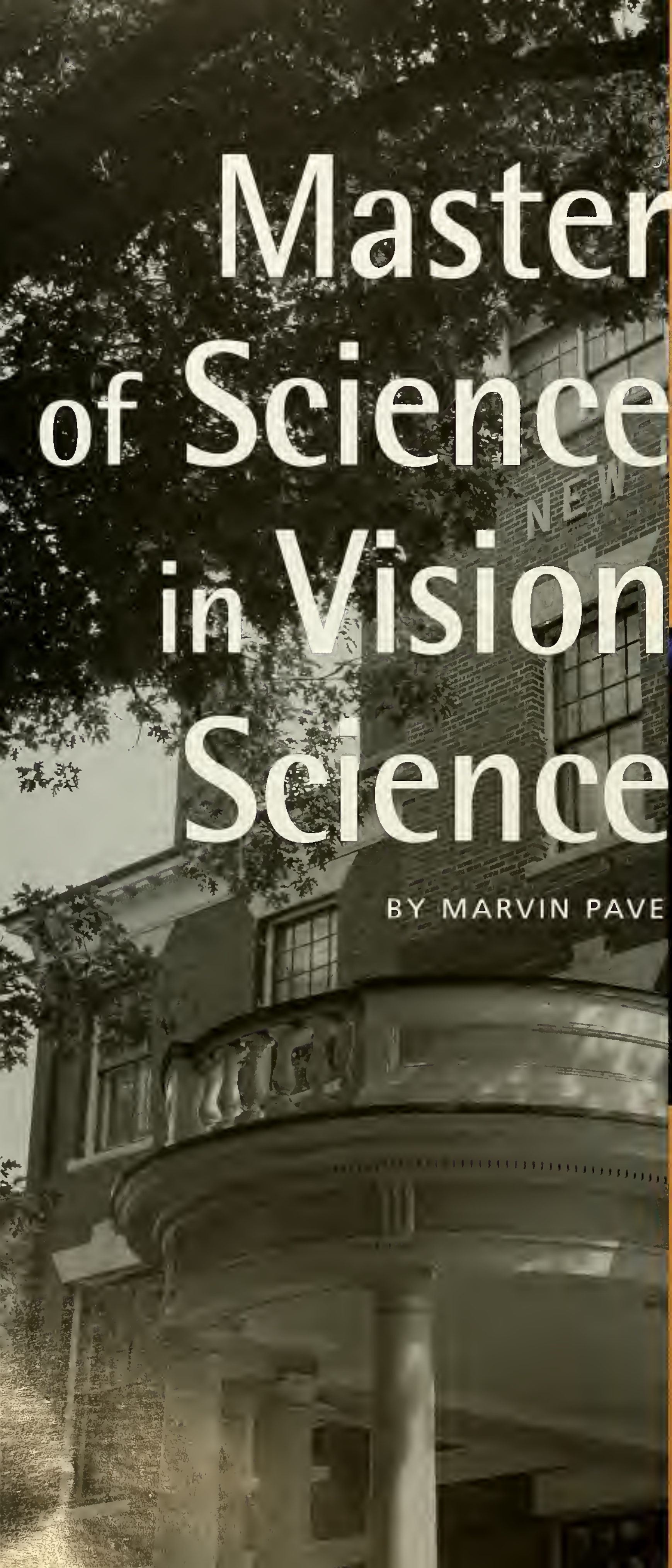
And there's no requirement that the residency be done immediately after graduation, he noted. "People can return later to do their residency; one person on our faculty was out for five years, then came back and did a residency." Beyond that, some graduates have opted to do more than one residency, to gain experience in additional areas.

Just as he encourages students to consider the benefits of spending that year as a resident, Dr. Hoffman encourages his colleagues to open the doors of their practices to residents yearning for experience and mentoring. "We're looking to create more specialty residencies and looking to create more community based residencies in the neighborhood health centers," he said. "I'd also like to see more cornea/contact lens and pediatric residency programs, because there are only a few of those, not just here but across the country."

Looking to the future, he sees a growing need for optometrists trained in a number of specialties, including areas dealing with the elderly. "The aging of the population requires us to be able to do more," he said. "I see residency training as valuable for the future because the aging of the population is going to lead to more problems...more vision problems, more functional problems, and the more advanced training that comes from a residency experience will be necessary to provide the advanced care that is going to be needed. There's going to be more demand on us to do a better job for people with more problems.

"We're looking at what society is going to need in the next five, ten, 15 years ... and the demand is huge."

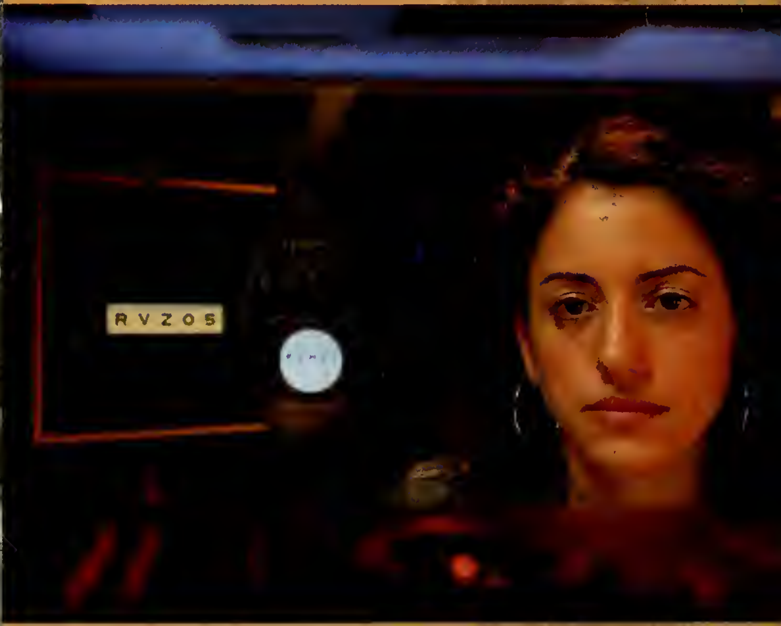
experience



Master of Science in Vision Science

BY MARVIN PAVE

For Bridget Hendricks '05 and Elise Harb '04, the first two Masters degree recipients in Vision Science at the New England College of Optometry, their training in research and the opportunity to speak at professional seminars has been instrumental in shaping their careers.



Hendricks, who worked closely with Vision Science Department Chair James Comerford, '78, OD, is completing a residency program within the VA Boston Healthcare System. Harb, whose research mentor is Director of Graduate Studies David Troilo, PhD, has been an assistant professor at the college since last July and is an attending pediatric optometrist at the New England Eye Institute.

"I was honored to break new ground as the first student to complete the program. I find that my research background has helped broaden my experience during the residency," said Hendricks, who was presented with her Master of Science in Vision Science degree in June of 2005. "The Masters itself sort of set me apart from the rest of my peers in terms of how I am able to contribute to the academic/research portion of the residency program."

Harb, who received her Master of Science degree last December, has continued her research into why children become nearsighted with graduate faculty member Jane Gwiazda, thus continuing the work she began with Troilo. Harb spent three years in the college's Research Honors program, a precursor to the Vision Science Masters degree program.

"I enjoy mixing clinical work with research. The Masters program in Vision Science taught me to think more critically and analytically. For every answer there seems to be ten more questions and that has made me a better clinician," said Harb. "I've become a better problem solver and independent learner and I know I always want to do research in some capacity. It's opened so many doors for me."

The growing involvement of students in research at the New England College of Optometry evolved into the now one year-old Master of Science in Vision Science degree program, the first Masters program in the 112-year history of the college.The popularity of the program, which emphasizes the development and execution of an original vision research project, was evident last semester when 24 of the 110 first-year O.D. students at the college enrolled in a prerequisite course, "Research Laboratory Survey," which summarizes for the students a large sample of the research opportunities currently available at the college."

"The establishment of the research degree has added to the unique character of the college in that we are probably the leading private college of optometry embracing research as a part of our mission," said David Heath, '83, OD, EdM, vice president and dean of academic affairs,who noted that in a survey of students who matriculated in the fall of 2005, 20 percent said the opportunity to be involved in research or to pursue a Master of Science degree entered into their decision to attend the college. "The result is a more vibrant educational environment," said Heath.

Third-year student John Lee, who has worked alongside faculty member Steven Koevary said the Vision Science pursuit has been "a rewarding educational experience and will be helpful when I apply for residency." Lee and Koevary are investigating the possibility of delivering peptides to the central nervous system by topical eye drops.

"This is interesting," said Lee, "because some drugs cannot cross the blood-brain barrier to get to their target site. If drugs can be delivered by way of eye drop and enter the CNS, then we can avoid drug delivery methods that are much more invasive. Dr. Koevary gives me good advice on our project but at the same time he also listens to my thoughts."

Lee and 16 others students pursuing both degrees were linked with graduate faculty members upon admission to the program and ten more were being considered for the current semester.

"They come out of the program with a first hand knowledge and understanding of the scientific basis of their profession. A lot of these students are scientists at heart and they also want to provide patient care," added Troilo. "On the other hand when they get out, they are more competitive for residencies and positions. Optometry is a growing profession.

"I'd like to help pass the torch, so to speak and be a research mentor for someone in the Vision Science program." ELISE HARB '04, OD

Today there are a lot of different opportunities in research and development, in large practices and the hospital setting or in academia."

The M.S. in Vision Science is offered as a stand-alone program or as a dual O.D./M.S. program with a tuition-free incentive for the graduate portion.

"Ten years ago there was a desire by the faculty and administration to create a greater presence in the vision science community. A number of us were hired specifically because of our research interests," said Troilo, one of 17 graduate faculty. "Since then, we've built more labs and hired more people who have become the backbone of this program."

Hendricks said she was "pleasantly surprised" when first hearing about the Masters Program. "I eagerly took advantage of this opportunity by converting from the Research Honors program to the Masters program at the beginning of my third year," said Hendricks, who was hoping to find a faculty position in which she could continue her research as well as teach clinically.

Harb, meanwhile, has presented her work at professional seminars and meetings and that, she said, "gets my name out there in a way most optometry students don't."

She hopes to emulate her professors. "I'd like to help pass the torch, so to speak and be a research mentor for someone in the Vision Science program," said Harb. "One of my goals is to someday get a research grant of my own."

> "They come out of the program with a first hand knowledge and understanding of the scientific basis of their profession." DAVID TROILO, PHD

According to Comerford, a 27-year faculty member, the key to the college's commitment to research was the founding of its Myopia Research Center in 1995. "With that program," Comerford said, "we had a growth in the number of operating labs. The resulting M.S. in Vision Science is intrinsically an apprentice type of program and it's attracting students who might not otherwise have come here."

It became evident to Troilo early-on in his tenure that although the college did not have a graduate program, NECO students had the talent to go on to outside graduate programs, medical schools or the teaching profession. The Research Honors Program was developed to facilitate this talent.

The list of Research Honors students who have gone on to faculty positions includes Dan Saltarelli, '00, OD, an associate professor in Pediatric Opthalmology at the University of Cincinnati; New England College of Optometry assistant professors Harb, Nicole Quinn and Vindu Sharda, '03, OD; Tonya Watson, '02, OD, who is working on her PhD in Vision Science at UC-Berkeley and Jeff Sonsino, who is on the clinical faculty at the Vanderbilt University Medical Center."

So knowing we had students interested in working in labs, we helped them to make the time to work in labs as research assistants," said Troilo. "Some of them were so good that they were able to conduct experiments on their own. We tried to capitalize on this and developed the Research Honors Program and found some funds for stipends."

Troilo recalled that aside from some "excellent work," Research Honors students published papers and attended meetings and seminars where "they made quite an impression. What we saw was that over those four years a few stars emerged. We knew that they could probably go on to a PhD. They were acknowledged at graduation and we gave them small stipends but we felt there was more we could do."

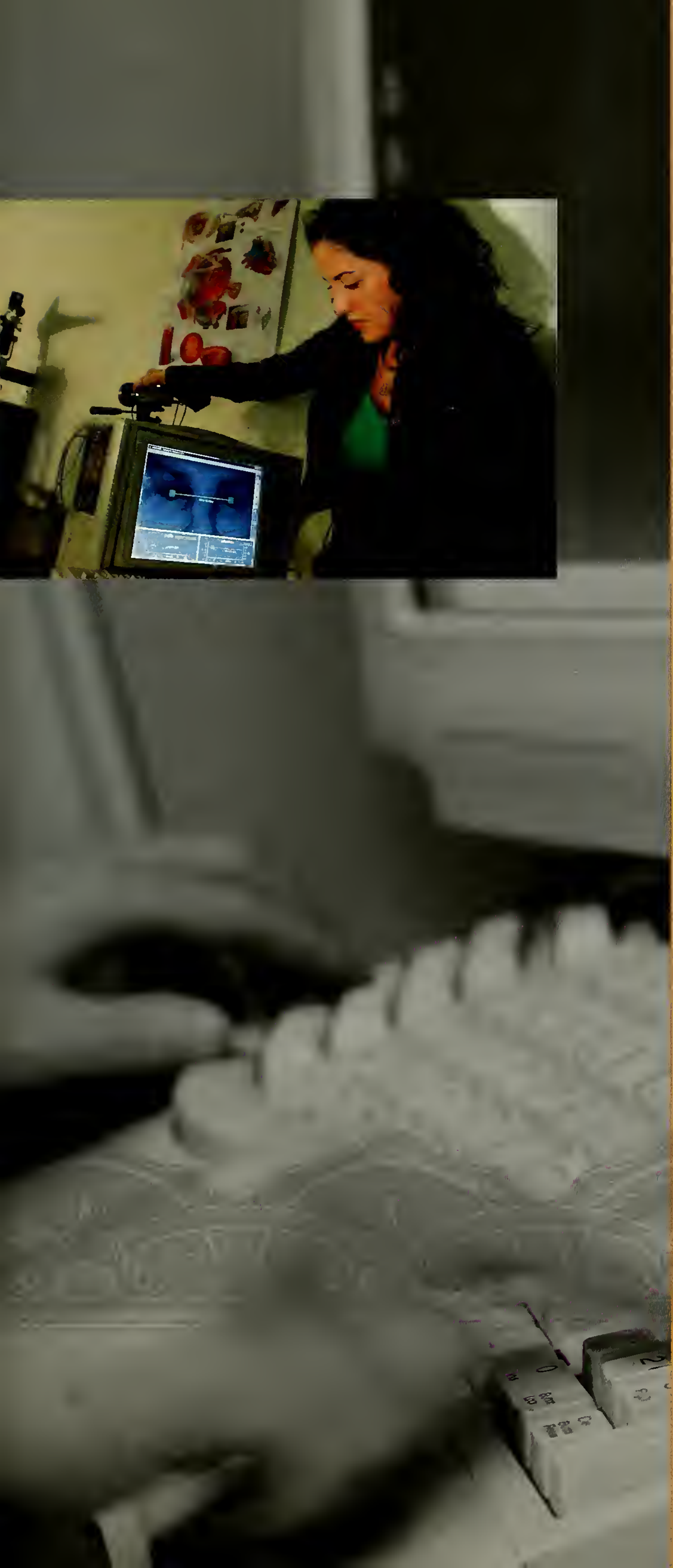
And so the M.S. in Vision Science degree program was launched in the fall of 2004 with additional courses and requirements and heavily based in laboratory research, some of it off-campus because of the affiliations of faculty. Research is supported, in part, through Summer Research Training Fellowships funded by the National Eye Institute. Students, some of whom transferred from the honors program, work on a thesis project and go before a thesis exam committee made up of experts in their field of study.

The program is based on a direct student-faculty interaction in which the students work very closely with their advisors on the inception of the research project, design of the experiments and (sometimes) equipment, data collection, analysis, interpretation and writing.

The work and time pressures are demanding. "I have great respect for the students in the dual program," said Eli Peli, '03, OD, MSc, of the Schepens Eye Research Institute and a graduate faculty member. "Only an excellent student can do this so it's amazing that there are 17 in the program. That's a tribute to them and to the college, whose research program is flourishing and which has made great strides in that area in the past decade."

Harb noted that her experience as a dual degree student "prepared me well for time management, doing lab work summers and weekends."

But the sense of accomplishment is worth it. Troilo said that when Vision Science students speak before members of the Association for Research in Vision and Opthalmology or the American Academy of Optometry, "it's no longer something out of a textbook. They really feel like they've arrived and have something to contribute."



The Master of Science in Vision Science program

features graduate level courses, seminars, an original research project and completion of a thesis with a thesis defense. It is designed to develop the analytical thinking and problem-solving skills needed to be a successful scientist. The program emphasizes research in an area of vision science that is determined by the student's interests and the expertise of the graduate faculty.

Students who are accepted into this program receive training in areas not typically available to optometry students. This will provide enhanced career opportunities. MS degree candidates develop skills that can help them contribute new knowledge to the field, help them assess new scientific developments relevant to optometry and enable them to be more competitive for residencies and academic and industry positions following graduation. The graduates of this program have the potential to become intellectual leaders in the profession.

The curriculum is based on a total of 55.5 credit hours of study, 20 credit hours are earned for dual degree courses also included in the OD curriculum, 20.5 credit hours are graduate-level courses for MS candidates and 15 credit hours involve the planning and execution of the research project.

The Dual Degree courses include Human Anatomy, Optics 1 and Theory and Methods of Vision Testing for a total of 18 credit hours. Laboratory Research Survey (2 credit hours) provides an overview of the basic areas of research conducted at the college. The MS Degree courses are Biostatistics and Experimental Design (4.5 credit hours), Research Colloquia (4 credit hours) and Graduate Research Seminars (12 credit hours) which include Biomedical Research in Vision, Visual Optics, Visual Neurophysiology and the Development of Vision and Special Topics in Eye Growth, Emmetropization and the Development of Myopia.

alumni classnotes

1960's

➲ **Peter Myers '65,** retired after practicing in his Albany, NY practice of 30 years. Dr. Meyers also served as an optometric officer in the Army Reserve hospital in New York. He and his wife have three daughters and four grandchildren.

1970's

➲ **Richard C. Laudon '75,** Associate Professor of Optometry at NECO, was named the President of the Boston Chapter of the American Association of Individual Investors for 2006. The AAII is an independent, not for profit corporation which assists individuals in becoming more effective managers of their financial assets.

1980's

➲ **George Fulk '89,** was awarded the Garland W. Clay Award by the American Academy of Optometry. This award is presented to the author or authors of a manuscript published in Optometry and Vision Science that has been most widely cited in the world of scientific literature ion the preceding five years.

➲ **Denise Dobbins '80,** has been appointed to a four year term on the Kentucky Board of Optometric Examiners by Governor Ernie Fletcher. Denise is practicing in Kentucky along with her husband, Barry Kowalik, '89. As a board member, Denise will be responsible for protecting the citizens of the Commonwealth by monitoring, reviewing and revising the laws governing Optometry.

1990's

➲ **May-May Chan, '93,** and her husband Edward Louie welcomed twin daughters Megan Frances and Kaitlyn Alina on December 7, 2004. May-May is currently working part time in Danville, CA while taking care of the twins and 3 year old son Ethan.

➲ **Ivo Horak, '96,** and his wife Norrie welcomed their first child, Eliana Adele on August 9th. Ivo is currently practicing in Atlanta where his wife is the owner of Play Ball.

➲ **Sarah (Pozniak) Taylor, '99,** and her husband Darrell are proud parents of their first child, Abigail Marie on May 13, 2005.

2000's

➲ **Tom Scholtens, '04,** is a Captain in the US Army currently serving in Iraq. He is assigned to the 4th Infantry Division as a staff optometrist and is one of two ODs providing routine and emergency eye care to troops and civilian contractors in the greater Baghdad area. His wife Sara eagerly awaits his return this fall to Killeen, TX.

In Memorium

Irving Glasser, '48
Robert Patrick Cotter, '55
Paul Montminy, '65
Jim Riley, '82

faculty newsandnotes

➲ **Thomas Freddo '76,** professor of optometry, was recently elected as the next president of the International Society for Eye Research (ISER). ISER was founded in 1968 to establish an international organization to support eye and vision research. The organization is comprised of vision research scientists from more than 34 countries, holds a biennial International Congress of Eye Research and has national chapters in China, Japan, Israel and Russia.

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We Hope to See You There!

NECO ALUMNI WEEKEND

October 13th – October 15th

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Welcome Back...

Join us October 13 – October 15, 2006 for a weekend of fun, food and friends. Alumni weekend will be a wonderful opportunity to reminisce with old classmates and meet other NECO alumni. From taking a trolley tour of Boston to reuniting with faculty members, this weekend will provide memories to cherish. We hope to see you there!

WEEKEND ACTIVITIES INCLUDE:

Continuing Education
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